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ABSTRACT

This study investigated the relationship of mild depression to global stress, specific stressors, problem-focused coping, emotion-focused coping, and gender. Existing theory supported expectations that non-depressed and mildly depressed persons would use different coping styles, and perceptions of stressful events and the quantity of stressful events would be related to mild depression. College students (N=227) completed a personal data sheet; the Beck Depression Inventory (BDI); Ways of Coping; and the Comprehensive Scale of Stress Assessment, Part I (Global Assessment) and Part II (Inventory of Stressors). Students were identified as either non-depressed (N=193) or mildly depressed (N=34) by scores on the BDI. A discriminant analysis was performed using two measures of stress, two measures of coping, and gender as predictors. All variables except problem-focused coping entered the discriminant function. The two measures of stress, emotion-focused coping, and the participant's gender differentiated between mildly depressed and non-depressed subjects. The results generally support the theory of depression as it applies to mildly depressed persons. (Author/NB)

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Mild Depression: Its Relation to Stress, Coping and Gender

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Abstract

This study investigated the relationship of mild depression to global stress, specific stressors, problem-focused coping, emotion-focused coping, and gender. Existing theory supported expectations that non-depressed and mildly depressed persons would use different coping styles, and perceptions of stressful events and the quantity of stressful events would be related to mild depression.

Participants (N = 227) were identified as either non-depressed or mildly depressed. A discriminate analysis was performed using two measures of stress, two measures of coping and gender as predictors. All variables except problem-focused coping entered the discriminant function. These results generally support the theory of depression as it applies to mildly depressed persons.

The Problem

The entity called depression, which has been present in humans for centuries, "has been called the world's number one public health problem. In fact, depression is so widespread it is considered the common cold of psychiatric disturbances" (Burns, 1980, p. 9). In a 1981 report issued by the National Institute of Mental Health, it was estimated that eight to 20 million Americans experience depression (Teuting, Koslow, & Hirschfeld, 1981). These statistics, however, included all types of depression. Furthermore, families, friends, and co-workers are often affected by the depression of someone with whom they are involved. Since depression affects such a vast number of people, improved understanding of depression and related variables and improving treatment methods would seem to be essential to the helping professions.

The interrelationships among depression, stress and coping have been the focus of recent research and these relationships generally have been supported (Coyne, Aldwin, & Lazarus, 1981; Lerman, 1980; Warheit, 1979; Parker & Brown, 1982). However, these studies typically have not dealt with levels of depression, and perceptions of stressful events as well as quantity of stressful events. Furthermore, although differences in the frequency of occurrence and types of depression for females and males have been part of several research studies (Chevron, Quinlan, & Blatt, 1978; Willard, 1982; Radloff & Ray, 1979; Hammen & Padesky, 1977; Rosenfield, 1980; Weissman & Klerman, 1977), the results are inconsistent and suggest the need to investigate other related sociological and environmental factors.

Frequently, depression is not identified as the presenting problem by persons seeking help from either a physician or counselor (Beck & Beck, 1972; Beck, Rush, Shaw, & Emery, 1979). However, treating the depression is often central to the person gaining relief.

In this study, the focus was on mild depression. According to Beck (1976), depression often begins as mild depression which "sets off a chain reaction" (p. 109). "Since the chain reaction is circular, the depression becomes progressively worse" (Beck, 1976, p. 111). Thus, further refinement of our understanding of the relations among ways of coping, types of stress, gender and depression, particularly at the beginning stages of the depression cycle, could be an important step toward developing treatment methods to interrupt this progression.

This study was designed to examine the relationship of mild depression to global stress, specific stressors, problem-focused coping, emotion-focused coping, and gender. An examination of the theory led to the expectations that non-depressed and mildly depressed persons would rely on different coping techniques, and persons' evaluations of stressful events as well as the quantity of their stressful events would be related to mild depression.

Subjects

Students enrolled in classes in five institutions of higher education in the metropolitan area of Kansas City were invited to volunteer as participants. Two hundred and ninety-three students volunteered, and data from 227 persons (M = 88, F = 139) were included in the study. Fifteen participants were removed because of incomplete data. Since the study was investigating mild depression in adults and the instruments were designed

for use with adults, a decision was made to include only participants at least 21 years of age. Therefore, 36 participants were not included because they were under 21 years old. Finally, another 15 participants were eliminated because their scores on the Beck Depression Inventory were in the ranges of moderately to severely depressed (raw scores 16 - 63).

The age range of participants was 21 to 57 with a median age of 25 and an average age of 30.76 years. Twenty-two of the participants had completed less than four years of college, 28 had completed four years of college, and 161 were enrolled in graduate or professional schools. Fifteen participants responded to "other" as a category and one did not respond to this question. Of the 227 student participants, 139 were full-time employees and 39 were working part-time. The participants reported ethnic information as follows: 204 White, Non-Hispanic; 14 Black, Non-Hispanic; 3 Asian or Pacific Islander; 2 American Indian or American Native; 15 "other."

Measures

A personal data sheet and four instruments were used in the study and were administered in the following order: personal data sheet; Beck Depression Inventory (BDI) (Beck, 1978); Ways of Coping (WC) (Folkman & Lazarus, 1980); The Comprehensive Scale of Stress Assessment, Part I, Global Assessment (GA), and Part II, Inventory of Stressors (IS) (Sheridan, 1981). Completion of these forms required 30 to 45 minutes.

The BDI is a 21-item inventory designed to measure level of depression. Each item has four weightings (0 - 3) and the item scores are added together to obtain a total score. Beck (cited in Young, 1982) has suggested the following criteria for interpreting the scores: 0 - 9 normal

(non-depressed); 10 - 15 mildly depressed; 16 - 19 mild-moderately depressed; 20 - 29 moderate-severely depressed; and 30 - 63 severely depressed. Reliability and validity data for the BDI have been established (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961; Bumberry, Oliver, & McClure, 1978).

The WC is a 68-item checklist which contains a wide range of thoughts and acts that people use to deal with the internal and/or external demands of stressful encounters. Items are divided into problem-focused coping (P-scale) and emotion-focused coping (E-scale), thus resulting in two scores. Based on three administrations of the WC, correlation coefficients between the P-scale and the E-scale were .35, .52, and .44 respectively. Since both scales measure processed believed to be used in normal coping, a relationship was expected. However, Folkman and Lazarus (1980) believe the shared variance ($\underline{r}_2$ = .19) from the combined testings is sufficiently low to warrant the independent use of the two scales. Initial studies (Folkman & Lazarus, 1980) of the reliability and validity of the WC have shown support for this instrument.

Two parts of the Comprehensive Scale of Stress Assessment were used in this study, Global Assessment (GA) and Inventory of Stressors (IS). Reliability and validity data for these two measures have been established (Sheridan, 1981). The correlation between the two scales in this study was .45 and indicated the two measures are reasonably independent.

The GA, Part I of The Comprehensive Scale of Stress Assessment, was developed to provide "a global assessment of the range, frequency, and intensity of stressors experienced in one's major environmental settings"

(Sheridan, 1981). The scale consists of 28 weighted (0-4) multiple-choice items. A total score is obtained from the sum of the item scores.

The IS, Part II of the Comprehensive Scale of Stress Assessment, consists of an 80-item checklist which measures frequently occurring stressful events. The items are divided into two types for scoring, stressful events (one point per item checked) and positive resources (one point per item not checked). The two numbers are added for a total score.

Procedure

Class members at participating institutions of higher education were asked to volunteer as participants in a study examining how people deal with various experiences that happen in a person's life. The invitation to participate was conducted by one of the researchers with the instructor not present. Prospective participants were told that these experience included those that may happen only once and those that happen frequently. They were told that if they volunteered, the would be asked to complete a personal data sheet and four instruments which consist of either multiple-choice items or checklists. If volunteers had questions about the study, the questions were answered, but the variables and specific research questions were not identified. The instruments were distributed to the volunteering participants with instructions that they could terminate participation at any time, but they should return the materials. The completed instruments, coded to insure anonymity, were returned to the researcher.

Results

The 227 participants (M = 88, F = 139) of the study completed a personal data sheet and four instruments (BDI, WC, GA, and IS). In Table 1

the means and standard deviations for males and females on these four instruments are reported.

Insert Table 1 about here

Using the BDI, the 227 participants were divided into the mildly depressed (N = 34) and non-depressed (N = 193). The non-depressed and mildly depressed groups were determined by scores on the BDI, non-depressed (BDI scores $\leq$ 10) and mildly depressed (BDI scores 10-15). Means and standard deviations for these two groups on the two scales of the WC (problem-focused and emotion-focused) and two stress assessment instruments (GA and IS) are shown in Table 2.

Insert Table 2 about here

A stepwise multivariate discriminate analysis was conducted to measure the relative contributions of the coping variables, stress variables, and gender on the criterion of non-depressed/mildly depressed. In this analysis, participants' scores from the GA, the IS and the problem-focused (P-scale score) and emotion-focused (E-scale score) of the WC were the predictor variables. All the predictor variables except problem-focused coping met the statistical criteria for inclusion in the discriminate function. The discriminating variables are shown in Table 3 in descending order of strength.

Insert Table 3 about here

The resulting discriminant function from the remaining four predictor variables showed a clear separation between the two groups as indicated by the canonical discriminant function evaluated at group means (Non-depressed, -0.228 and Mildly Depressed, 1.296). The canonical correlation for this function was .479 and the Chi Square value was 58.25 ($df = 4$, $p < .001$). Also, the discriminant function correctly classified 79.74% of the grouped cases, with 79.3% of the non-depressed group classified correctly and 82.4% of the mildly depressed group classified correctly. These data are reported in Table 4.

Insert Table 4 about here

Conclusions

The present study indicated that the two measures of stress, one measure of coping--emotion-focused coping--and the participant's gender differentiated between mildly depressed persons and non-depressed persons.

The relationship between stress and depression which is well documented in the literature was supported by this study. However, the present study differed in two important ways. The relationship between stress and depression was present for an even more specific group, mildly depressed persons. Though this result might have been expected, it adds support to the concept of depression existing on a continuum. Secondly, unlike most previous research, this study demonstrated not only that the

number of stressful events, but also the individual's overall rating of the stressors, is related to mild depression.

Of the two ways of coping, only emotion-focused coping was a significant predictor of group membership with the mildly depressed persons appearing to rely more on this strategy than the non-depressed. Lazarus (1983) makes the distinction between the two coping responses by suggesting that problem solving responses are an attempt to change troublesome situations, whereas emotion-focused responses do not change the relationship between the person and environment, but they make the person feel better. These emotion-focused responses include distancing, minimizing and making light of the situation.

Although the existing research is inconclusive regarding gender and depression, the data generally support the contention that women have a higher level of depression than men. However, the data of the present study suggest that gender is a predictor of mild depression, and men tended toward mild depression more than women.

Given the existing relationships among stress, coping and depression and the added information that these relationships exist at a level of mild depression, future research needs to focus on studies which attempt to identify stress-intervention strategies and effective coping strategies (preventive and remedial) for clients. Also, given the results of this study, researchers need to continue to focus on gender differences in terms of level of depression, and related stress and coping variables.

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Table 1

Means and Standard Deviations for Total Group (N=227) on All Measures

Instrument	Mean	S.D.
BDI	5.12	3.86
WC		
problem-focused	12.17	4.39
emotion-focused	18.94	6.18
GA	47.14	13.68
IS	32.77	9.16

Table 2

Means and Standard Deviations for Non-depressed and Mildly Depressed Participants

Group	Instrument			
	Problem-focused Coping (WC)	Emotion-focused Coping (WC)	Global Assessment (GA)	Inventory of Stressors (IS)
Mildly Depressed (N = 34)				
Mean	12.50	22.38	59.24	41.71
Std Dev	4.55	5.58	11.85	6.99
Non-depressed (N = 34)				
Mean	12.11	18.34	45.01	31.20
Std Dev	4.37	6.10	12.87	8.58

Table 3

Standardized Coefficients for Four Variables Entered in Discriminant Function

Variable	Standardized Coefficient
IS	.572
GA	.435
Gender	.309
WC:emotion-focused	.283

Table 4

Group Classification

Actual Group	No. of Cases	Predicted Group Membership 1	2
Group 1 (Non-depressed)	193	153 (79.3%)	40 (20.7%)
Group 2 (Mildly Depressed)	34	6 (17.6%)	28 (82.4%)